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MORTALITY OF INFANTS IN THE FIRST YEAR OF EXISTENCE.

BY PROFESSOR KAU, OF BERN.

1.—Comparative Mortality of Infants.

Of 2,808,139 deaths which took place in nine years, from 1820 to 1828, in the kingdom of Prussia, 751,077 were of children of one year old or less; that is to say, 26,944 in every 100,000. In Amsterdam, Paris, and in France generally, the proportion of early deaths is somewhat less formidable, as the following table will show:—

	In Paris, 1818-21, 1826-28, (6 years.)	In Amsterdam, 1816, 1818-29 (13 years.)
In France, in 1822.		
10,116	13,456	12,353 were of children under 3 months
6,726	1,815	5,334 from 3 to 6 months,
4,615	3,531	5,048 from 6 to 12 months.
21,457	18,802	22,735 were of children of a year or less.

	In Westphalia and Rhenish Prussia, in 1820-28, (9 years.)
Of 100,000 deaths,	
In Sweden, in 1821-25, (5 years.)	
22,453	21,727 were of children of a year old, or less.

The mortality of infants is less in Paris than in France generally, on account of the number of foundlings who are removed into the country directly after their exposure at the Hôpital des Enfants Trouvés: in the department of the Seine, in consequence of their thus being removed, the mortality is greater than in any other part of France.

From the above and other data, we learn that

26.69 per cent. of the deaths in Prussia are of children under 1 year.

21.72	.....	Rh. Prussia and Westphalia	...
21.46	.....	France	...
29.45	.....	Department of the Seine	...
22.45	.....	Sweden	...
25.54	.....	Courland	...
18.80	.....	Paris	...
22.74	.....	Amsterdam	...
22.00	.....	Philadelphia	...

According to Duvillard, of 1,000,000 persons born in France, 767,528 only attain the age of a year. In the level provinces of Russia, 211 out of every 1000 die before the expiration of the first year; in Petersburg, 311; in Berlin, 276; in London, 320.

Of the whole number of children born,

23.24 per cent. in Paris die before the expiration of the first year.

20.02 Sweden.

33.33 the Province of Kasan (in Russia).

21.10 Berlin.

25.6 London.

32.00 St. Petersburg.

31.1 Prussia.

17.6 Courland.

2.—Comparative Mortality of the Sexes.

Of the 751,077 children under a year old who died in Prussia in the nine years, 1820-28, 415,305 were boys, and 335,792 girls. In Courland, the proportion of male to female infants dying under a year old is as 53.1 to 46.9; in Friesland, as 55.2 to 44.8; in Paris, as 55.5 to 44.5. The greater comparative mortality of male infants is in some measure only apparent, inasmuch as far more male than female children are born. It has been observed in Friesland, notwithstanding the disparity of male and female births, that at the age of forty the sexes were equal.

3.—Comparative Mortality of Legitimate and Illegitimate Infants.

In Prussia, in the six years from 1826 to 1831, 17.56 per cent. of the legitimate children died before attaining the age of twelve months; and so many as 26.46 per cent. of the illegitimate. According to Ramon de la Sagra, the rate of mortality of the legitimate and illegitimate children in the isle of Cuba is as follows:

	White population.		Colored population.	
	Legitimate. per cent.	Illegitimate. per cent.	Legitimate. per cent.	Illegitimate. per cent.
In the first week	8.6	7.1	11.1	14.3
From a week to a mo.	2.6	6.5	4.4	5.0
From 1 to 2 months	1.7	2.8	2.5	2.2
From 2 to 3 months	2.7	4.1	2.1	2.2
From 3 to 12 mos.	11.4	7.5	13.9	11.7

4.—Influence of the Seasons on the Mortality of Infants.

The season of the year evidently exercises great influence on the rate of the mortality of children. According to Trevisan, of 100 children born in Italy in the winter, 66 die in the first month, and only 19 survive the first year; on the other hand, of 100 born in the summer, so many as 83 survive the first year; of 100 born in the spring, 48; of 100 born in the autumn, 58. In Belgium, the rate of mortality in the first month, of children born in January, compared with that of children born in July, is as 33.21 to 17.19. According to the researches of Villermé and Milne Edwards, published by Dumeril, the mortality of children is much more considerable during the three winter months than

during the rest of the year in France, in the southern parts of which country it diminishes in March, but in the northern not till April. In Philadelphia, however, the rate of mortality is very differently affected by the seasons; the season most fatal to children is from June to September, and the least fatal season is from November to January. In the island of Cuba, the rate of infant-mortality is not sensibly affected by the change of the seasons.

5.—*Proportion of Still-births to the Total Number of Births in several European Countries.*

In Prussia, it is	3.29 per cent.
Sweden	2.64 "
Saxony	4.43 "
Hanover	4.22 "
Mecklenburg Schwerin	3.70 "
Sleswick and Holstein	4.60 "
Petersburgh (1803)	0.20 "
" (1806)	0.70 "
Russia generally	0.80 "

There are more still-births of illegitimate than of legitimate children; it has been calculated that, where 3.166 per cent. of the legitimate births are still-births, 4.959 of the illegitimate are still-births.

According to the calculations of Bickes, of legitimate male children, 3.559 per cent. are stillborn; of legitimate female, 2.749 per cent.: whilst, of illegitimate male, 5.277 per cent. are stillborn; and of illegitimate female, 4.632 per cent. In Leipsic, during twenty-five years, from 1801 to 1825, the proportion of children stillborn to children born alive was as 1 to 17 2-3; in 1822, in the district of Leignitz, it was 1 to 15; in Arnberg, 1 to 28; in Coblenz, 1 to 27; in Elberfeld, 1 to 17; in Magdeburg, 1 to 18; in Dusseldorf, 1 to 26; in Minden, 1 to 37; in Stralsund, 1 to 44½; in Erfurt, 1 to 30; in Merseburg, 1 to 21; in Posen, 1 to 49; in Berlin (in 1821), 1 to 19; in Gotha, 1 to 10; in Paris (in 1822), 1 to 20; in Saarlouis, 1 to 16; in Vienna, 1 to 36½. According to Casper, the average proportion of still-births to living-births is as 1 to 19.—*British and Foreign Medical Review.*

INFLUENCE OF TOBACCO ON THE VOICE AND HEALTH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The first instance of the loss of voice in a public speaker, that came to my knowledge, was Chief Justice Reeve, of the Supreme Court in Connecticut. He was an eminent lawyer, had an extensive business, and was as distinguished as an advocate, as he was for erudition and legal science. Judge Reeve lost his voice at about the age of sixty; he never afterwards spoke excepting in a whisper. He lived to the age of about eighty years. Till seventy years of age, he was Judge of the Court, and many years of the time Chief Justice. He had, at the same time, a large and respectable law school, at which many a son of Massa-

chusetts, and most other States throughout the Union, received most valuable instruction, in his distinct and audible whisper. The writer has frequently heard him give "learned opinions" in the same manner from the bench, and charge a jury so that not one syllable of his luminous view of the "law and the testimony" was lost by them. He continued to deliver his course of law lectures, till seventy-five years of age.

In early and middle life Judge Reeve was in the habit of smoking tobacco, "which habit," says my respectable and venerable correspondent, "he afterwards changed to taking snuff. This, as is usual, increased upon him, until he used it to great excess; he took snuff for the last 15 or 20 years of his life."

I relate this case to show that the loss of voice is not exclusively confined to "ministers," and that even lawyers are not always *protected* from the evil by smoking, or *cured* by snuffing tobacco. Indeed I have yet to learn that lawyers more frequently use tobacco than gentlemen of the other professions and other callings in life. That the practice is less in favor than formerly, with all classes of society, admits of no question. Thirty years ago a large proportion of the females in every community used tobacco by smoking or snuffing. Now these filthy practices are universally abandoned by the sex; and yet not one individual, to my knowledge, has lost the voice, although it cannot be denied that some of them speak "long and loud."

While this communication is being written, a gentleman, with the "minister's ail," has called on me for advice. It has been in progress more than a year, and at the present time is quite bad. He is not a public speaker, but his business requires him to talk much. He has been a tobacco-chewer for many years, and had not lessened the quantity at all when this difficulty in his throat commenced. Recently he has used it more sparingly, from an apprehension that it was the cause of his disease, or was making it worse.

An auctioneer consulted me for an affection of the throat, since this communication was transmitted to the editor, which upon investigation proved to be the formidable disease which so often affects public speakers. Upon inquiry, I found he had been a smoker for many years, and still continues the practice. If this affection of the throat has not arisen from the use of his voice in his vocation, he finds it greatly aggravated by it. He, like many others, has had some apprehension that the use of tobacco has had much to do as a cause of his disease.

I do not believe that there is the least foundation in fact for the hypothesis that the use of tobacco affords a protection to public speakers from the calamity in question. But if it does, the evils which arise from its use more than counterbalance all the good that would result, even if it afforded ample and certain protection.

On this subject I will cite a few authorities, of the ablest and most distinguished medical men and philosophers of this country and Europe.

Dr. Rush bears testimony to the deleterious effects of tobacco on health in various ways, when used in moderation. "It impairs appetite, produces dyspepsia, tremors, vertigo, headache and epilepsy; injures

THE VOICE, destroys the teeth, and imparts to the complexion a disagreeable dusky color." "In no one view," says Dr. Rush, "is it possible to contemplate the creature man in a more absurd and ridiculous light, than in his attachment to tobacco."

Dr. Boerhaave says of tobacco, "When this celebrated plant was first brought into Europe, it was cried up for a certain antidote to hunger, but it was soon observed that the number of hypochondriacal and consumptive cases was greatly increased by its use."

Sir Hans Sloane says of it, "In all places where it has come into use, it has much bewitched the inhabitants, from the polite Europeans to the barbarous Hottentot."

Dr. Cullen says, "I have known a small quantity of it, snuffed up the nose, to produce giddiness, stupor and vomiting; and when applied in different ways and in larger quantities, there are many instances of its more violent effects, even of its proving a mortal poison."

Dr. Massillac informed Dr. Rush that his father lost his memory 40 years by excessive use of snuff.

Dr. Parris says, "Tobacco is endued with energetic poisonous properties, which appear to depend upon an especial action upon the nervous system, producing, generally, universal tremors, which is rarely the result of any other poisons." He further says, "Its use is not unfrequently attended with severe vomiting, extreme debility and cold sweats."

Dr. Ewell, after speaking of the good effects of tobacco externally used in some diseases, goes on to say, "Happy if this plant of 'many virtues' could always be exerted for such beneficial purposes as the above. But, alas! we are constrained to deplore not only the idle and expensive, but too often fatal abuse of it, by snuffing, chewing and smoking, practices which cannot be too severely censured, especially in young persons and those of weak digestion, consumptive or of delicate habit." Dr. Cheyne ranks tobacco amongst the causes of apoplexy. Dr. Burrows, author of an excellent treatise on insanity, bears testimony against tobacco, both because it may produce disease, and because the notion that has prevailed of its curative power is wholly without foundation. Dr. Tissot once saw the smoking of it prove fatal.

Mr. Brande, in his *Manual of Pharmacy*, speaking of tobacco as a medicinal agent, says, "Its good effects are, however, unfortunately, almost always very problematical, and the fainting fits which it occasionally produces are of a dangerous and alarming nature."

Dr. Darwin's testimony against tobacco is in the following language. "The universal custom of chewing and smoking tobacco many hours in the day, not only injures the salivary glands, but I suspect that it produces scirrhus of the pancreas. The use of tobacco in this immoderate degree, injures the power of digestion by occasioning the patient to spit out that saliva which he ought to swallow." Mr. Brodie is of opinion that through the nervous system tobacco acts directly upon the heart, deranging its motions and tending to bring on fatal disease of that organ.

Dr. Franklin says that he never used tobacco, and he is disposed to think that not much advantage is derived from it, for he had never met

with a man who used it, that advised him to follow his example. Finding his friend, Sir John Pringle, to have loss of memory and tremor of the hands, he advised him to discontinue tobacco, which he did, and the tremors subsided.

I will not enlarge. After such an array of testimony, who can doubt that tobacco, in each of the several ways in which it has been customarily used, has destroyed more valuable lives, and broken down the health of more useful members of society, than have been sufferers from the complaint in question, up to the present time, or than there will ever be hereafter.

S. B. WOODWARD.

Worcester, May 20, 1839.

LOSS OF VOICE AND HEALTH IN CLERGYMEN.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE amount of my speculations upon the loss of voice and health in modern clergymen, is, that there is either too much labor, or it is done at improper times and places, or in an injudicious manner, or, more particularly, by too few hands in the religious vineyard. I also suppose that not a little is owing to modern changes in the habits and manner of living of the spiritual laborers. Upon the former points the religious world would consider it as a usurpation, and perhaps justly, if our profession should interfere. The subject of diet and regimen, however, with the kind and quantity of labor which individuals can bear, with safety to their health of body and mind, comes within our province.

But here we are met at the threshold by the ultra reformers and aestetics of the present day. If we do not sanction all their extreme measures, we are liable to be denounced as the opposers of religion and morals. Truth and reason are drowned in noise and clamor, and the most independent men are tempted to swim with the current, or for the sake of their own peace, to retire from the field. In such a ferment, it is surprising and mortifying to think how many good men will yield, and join the multitude in opposition to their better judgment. Within the last three or four years, as respectable a medical association, perhaps, as any in our country, was put in confusion, and was near coming to a permanent schism, in consequence of a resolution which was offered, declaring the use of every kind of fermented drink to be injurious to health. It was with the greatest difficulty that it was put down, on the ground of inexpediency. It was found to be impossible to discuss the subject, coolly, upon its merits.

I have already mentioned the age of my father. My grandfather, by my father's side, lived beyond ninety years, and four or five of his children, or more than two thirds of them, to about eighty or upwards. My grandmother, on my mother's side, lived to be more than eighty. She had four children, of whom one lived to be eighty-eight, and another eighty-five. Surely their cider and small beer, their principal drink, must have been a very slow poison. No, it supported, solaced, and revived them, when they were weary and fatigued, and, in my view, was unquestionably among the means of promoting their longevity. Shall

we deprive such people of the great sources of their physical comfort and happiness, on account of their being occasionally liable to abuse? All law, government, and religion itself, must be set aside upon this principle. Further, the instances are extremely rare in which wine and cider are habitually abused, unless the tone of the stomach has been previously injured by alcohol.

The case is very different with ardent spirit, from what it is with the milder fermented liquors. Its abuse far exceeds its utility, and it was so common as to be a moral pestilence, making greater ravages, probably, than any other plague.

As respects food, whatever may be the case with a few epicures in cities, in the whole course of my life I have not known half a dozen families in the country that have lived too luxuriously. The great body of the people live well, but not high. I have no doubt but that the habit of taking a moderate quantity of cider with the meals which consist principally of animal food, assists digestion, and tends to prevent dyspepsia. It is not a remedy, but, I think, a preventive.

It is difficult for me to see any reason whatever, why a clergyman, after he has done preaching enough in one day to be ample labor for two, should not be allowed to refresh himself with a glass of wine or cider, and in the evening, if he chooses, calm his nervous system with his pipe. I have seen much injury, very evidently, from the abuse of cigars; but very rarely, I hardly know the instance, from the pipe. I am not disposed to encourage the use of tobacco, since after the habit is formed it becomes a kind of necessary of life; yet among soldiers, sailors, and perhaps physicians, I am led to think its benefits usually surpass its inconveniences. I rather suppose the same to be the effect with clergymen.

Perhaps there is no class of men among us who have tampered so much with their diet, as clergymen. It is a curious fact, that I have never known a man turn his mind intensely to the subject of his food, that did not in the end become dyspeptic, and generally a monomaniac upon this point. It is true, that I could mention a gentleman who frequently boasts of his health, under a vegetable regimen. But I believe men in sound health very rarely speak, much less, boast of it. Besides, I believe, all the others of his family are decidedly invalids; and one or two of them have prematurely sunk into the grave.

It is generally supposed that most kinds of extravagance, in time, will work their own cure, and that enthusiasts and fanatics, if let alone, will finally come to the level of common sense. This does not seem to be the fact with the ultraism of the present century. *Crescit eundo*, the longer it continues the more it rages. A most laudable, and, I may add, a truly philosophic and benevolent spirit led to the denunciation of alcohol, as a drink. Here was a proper place, where to draw a definite line. Why not stop here? But the ultraist now steps in, and would strike it out from the *materia medica*. He next attacks wine, and joins the party that of old accused his Saviour of being a winebibber. He sets our churches in a ferment, by attempting to abstract wine from the eucharist, forgetting that his divine Master created wine for conviviality,

after "*men had well drunk.*" Cider shares the same fate, and tea and coffee yield in their turn. Spare diet follows in the train. One family lives almost entirely upon rice, another upon potatoes.

There is something very taking, with a certain description of people, when conscience, or pretended moral improvement, can be made an excuse for indolence. A vast quantity of labor, care, and attention, is saved in a family that follows the ultra temperance and abstinence principle. It is also a very convenient excuse for dispensing with most of the rights of hospitality. It is very little trouble to provide for a table, where nothing but bread, rice, potatoes, and water, or perhaps milk, may be wanted, and where the luxury of butter is too great an indulgence.

I do not mean to insinuate that our clergymen, as a body, have run into all these extremes. But still, I apprehend, they are tinctured with more or less of them, in a much greater degree than any other class of men among us. They did well in early renouncing ardent spirit. Here they ought to have stopped; but many of them were soon led further, by patronizing one or two itinerant lecturers of their own profession. I have, in my view, the best evidence, that one of these popular abstinence lecturers, who perhaps traversed every State in the Union, was a monomaniac, or what is latterly called morally insane.

With respect to the quantity of clerical labor that is needed, with the times, seasons, and manner of distributing it, that point must be decided by the clergy and their people. I have been much pleased, however, in seeing this topic lately discussed in a religious periodical, in a series of articles under the head of "*Too much Preaching,*" and am glad to find it has become a matter of attention, before the religious public, or rather that portion of it which seemed to think it impossible to over-act in a good cause. Any remarks of physicians upon this delicate subject would not be likely to be well received. A bare statement of facts, as they have occurred in many places, without note or comment, could hardly be credited at a distance, and would be apt to be considered as invidious and malicious caricature. In this point of view, if any reform is needed, it must be begun and continued in the bodies where the evil exists. Human nature is such, that a jealousy of foreign interference would be likely to over-balance any good that our profession could effect.

I am decidedly of the opinion of the late President Dwight, of Yale College, that a good minister, even in a civil point of view, is the most useful man that his parish can have; and no idea can be more injurious to his people, than that he is a kind of honorary town pauper, whom they are burdened to support like a gentleman. He gives much more than an equivalent for all he receives. It is very painful, therefore, to see such a man prematurely break down; and it is often very difficult to supply his loss. It is to be feared that one important principle is often overlooked by an ardent and conscientious clergyman. Our duties never clash. Any labor that materially endangers his body or mind, cannot be his duty. He must so husband his powers to-day, as to be able to work to-morrow. When he is much exhausted, it is a temporary disease, which often requires a temporary refreshment. If his de-

bilited system is left spontaneously to restore itself, the elasticity of his constitution may not be sufficient, but the foundation may be laid for an incurable malady. "Give strong drink to him that is ready to perish, and wine to those that be of heavy hearts."—Prov. 31, 6. It seems that Timothy was a zealous total-abstinence man, or the advice would not have been necessary, to "use a little wine for thy stomach's sake."

May, 1839.

SENEK.

INSTRUMENTAL LABOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed an article in No. 4, of the present volume of the Journal, headed "Instrumental Labor," which reminded me of a case that lately occurred in my practice, I send you some minutes of the same, which you may use as you think worthy or proper. I furnish this, not because I consider it such as may not frequently have occurred, but as furnishing some further evidence to Dr. Howard, the author of the article alluded to, how much infants may suffer in such cases, and yet survive.

March 2, 1839, I was called in great haste to attend a Mrs. W., aged 20, of robust, plethoric habit, in labor of her first child. The midwife in attendance stated that *she had been in labor about nineteen hours—that there had been no progress in it during the night past—but that all was right, and she only wanted strong pains, &c.* About 3 hours previous to my arrival, she had been attacked with convulsions, which recurred with fearful rapidity and violence about every 10 minutes. The pupils of the eyes were much dilated, and she was insensible to all external impressions. On examination the head was found to have passed the upper strait. She was immediately bled to xxxij. 3 from both arms, which rendered her more tranquil; but failing to restore consciousness in any degree, I delivered by the forceps a *living child*. The convulsive paroxysms continued, but with less severity and frequency, for eight hours. Under the appropriate treatment, consciousness was gradually restored, and she soon recovered her usual state of health, but with a temporary weakness of vision. Both mother and child are now in good health.

This case made considerable impression on my mind at the time of its occurrence, on account of the unexpected result both to mother and child—from the length of time the child's head had been low in the pelvis, and from the aggravated form and continuance of the convulsions.

Pembroke, Me., May 20, 1839.

B. ATKINSON, M.D.

DISEASE OF THE KIDNEY.

BY SIR R. C. BRODIE.

I HAVE frequently had occasion to draw your attention to cases of diseased kidney, simulating diseased bladder; and the diagnostic marks by which you may distinguish the one from the other, are these. In

disease of the kidney the symptoms generally consist of a frequent desire to void the urine, pain along the urethra, and pain referred to the pubes and neck of the bladder after making water; the urine is in general acid, and almost always albuminous. I had a case a short time since which strikingly illustrated the truth of this diagnosis. A gentleman came to me with all the above symptoms; I tested his urine, both by nitric acid and by heat, and it proved to be always albuminous. I found, upon further inquiry, that he had voided a small calculus when he was a child, and that he had been subject to irregular attacks of fever, one of which had preceded the symptoms for which he consulted me. He died eventually of a disease which I do not think I ever met with before, viz., ulceration of the coats of the gall-bladder from the pressure of a gall-stone, and consequent effusion of bile into the peritoneal cavity. I had the opportunity of examining this case after death; I found the urinary bladder perfectly healthy, but the kidneys were diseased. One of them was soft and pulpy, and quite degenerated in structure; in the other I found two calculi, closely invested by surrounding membrane, and a large deposit of urine above them. It is not always that you have the opportunity of examining these cases before disease in the bladder is set up, which it always is eventually if the disease remains unchecked. These cases are sometimes very puzzling, for it is not in every case that you have, that medicine is of any avail; for what can you do with your medicines when a patient has a calculus imbedded in the kidney? Why, you can do nothing. In cases where this does not occur, you will find the patient derive much benefit from the *uva ursi*, or the wild carrot-seed tea. With reference to a case of diseased kidney that was some short time since in the hospital, Sir Benjamin Brodie observed that such disease would, if it ran its course, bring on diseased bladder, diseased prostate gland, calculi in the bladder, and diseased testis, and the converse might be said of many of these latter diseases bringing on irritation in the kidney. Sometimes the secondary disease was the first one which attracted the notice of the surgeon, and was in many instances produced at first by sympathy only, which in the end degenerated into real disease, in which way only could be explained the identity of affection between the kidney and bladder in these cases. Sir B. Brodie related the case of a lady who had disease of the bladder from the impaction of a mulberry calculus in the kidney.

Some time since a boy was admitted into the hospital under Sir B. Brodie's care. He labored under severe pain in the groin, with inability to pass his water. These symptoms were soon relieved by the use of appropriate remedies. At times he passed several small calculi by the urethra, which, on being carefully analysed by Dr. Prout, proved to be phosphatic in their species and composition. The patient had also some pain in the region of the kidney, but no particular irritability of the bladder manifested itself, except when any difficulty occurred in passing his urine, from portions of phosphatic calculi stopping up the passage of the urethra.

He died about thirteen months after his admission, and on a post-mortem examination being made, the following appearances presented themselves.

The general external appearance of the body was œdematous, and there was some redness over the upper part of the thighs, from urinary excoriation. On opening the abdomen it was found to be ascitic; the liver was hypertrophied, and densely gorged with blood, but its internal structure revealed no organic change. The general intestinal superficies was redder than natural; the appearance of the stomach presented nothing abnormal. On examining the kidneys (the pathological appearance of which it was expected would reveal the cause of death), the left one was found to be much larger than natural, and its general structure engorged with blood. Its external surface was soft, spongy, and easily friable, and dotted with numerous small cysts, containing serum. On cutting into it, it was found to be highly injected, and two minute portions of calculi were discovered, each weighing, we should presume, at least half a grain; these were supposed by Sir B. Brodie to consist of phosphate of lime, and were taken to Dr. Prout for analysis. The right kidney was much diminished in size, and softened in texture, but presented no other unusual abnormal appearances worthy of being recorded. The canal of each ureter was enlarged to double its natural character; the bladder was contracted in size, and its external surface was rugose and pouchy.

The chest, the lungs and bronchial apparatus were found in a healthy state. The cavity of the pericardium was much distended with fluid; and on laying open the heart, the walls of the left side were found enormously thickened and extensively hypertrophied, but no disease of the valvular apparatus could be discovered.

Sir Benjamin Brodie remarked, that to account for the thickened state of the walls of the heart there must have been some obstruction to the circulation somewhere; where that obstruction was, however, this dissection did not reveal. Some cases of aneurism of the aorta, combined with diseased kidney, were detailed by Sir Benjamin, but as they bore no similarity to the present case, inasmuch as aneurism did not exist, we have not recorded any notes of them.—*Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 5, 1839.

MASSACHUSETTS MEDICAL SOCIETY.

PERHAPS no annual meeting of the members of our State Society was ever more pleasantly and harmoniously conducted since its incorporation, than that on Wednesday last. Being absent from the Temple two or three times in the course of the morning, no good opportunity was afforded for chronicling the order of business methodically. Only a small part of the address was heard by us, and that at the close; hence we must wait the regular publication of the Secretary, for particulars. On Thursday the Council re-elected George C. Shattuck, M.D., President. All the other officers remain essentially as they were last year. The details of

the organization of a committee, which is to assemble on the 10th of July, at Worcester, to act and report upon a proposition to make very important changes in the Society, will be given in full at a subsequent period.

PRACTICAL SURGERY.*

THE profession in this country are familiar with the high character of Mr. Liston's system of Practical Surgery. It requires, therefore, no extraordinary exertion to persuade practitioners that the last republication of that gentleman's work, must necessarily be the best, when the fact is stated that additional notes and illustrations have been made by a very competent person. We have seen a new edition by James Crissy, of Philadelphia, which has received improvements at the hand of Geo. W. Norris, M.D., one of the surgeons of the Pennsylvania Hospital. In this, there are one hundred and twenty engravings on wood, without which, after having once discovered their importance in conveying to the mind of the reader a distinct idea, the volume would indeed seem imperfect and much less valuable. Although much cannot be said in commendation of the beauty of the engravings—some of them being but poor specimens of the xylographic art—still they accurately explain the text, the great object in view. A treatise on operative surgery, in these times, without some sort of pictorial guide, would be quite defective, particularly to the student, since so much has been done by the assistance of the designer and engraver in modern productions.

Dr. Norris assures us that the "character of the book is strictly practical—being concisely written." "The editor has restricted himself to adding a few brief notices of the manner in which some of the more common surgical affections are treated with us, at the same time that he has called the attention to certain points which have been passed over lightly by the author." Thus we are presented in a modest, unassuming manner, with what Dr. Norris has done—and by an attentive examination, it will be perceived that he is entitled to much more credit than he claims.

It strikes us that this will be patronized; in fact, it deserves to be well circulated, as it gives the latest intelligence in the department of surgery, in England and America. Whether it is on sale in Boston, or not, we have not been informed, but a good supply should be furnished for the New England States. We like to have every new volume, and as speedily, if possible, as our neighbors in New York and Philadelphia.

Phrenological Busto.—Mr. Fowler has made a decided improvement in arranging the organs, as commonly seen on those plaster busts which are used in learning their localities. It consists in so developing each, that they are elevated above the common level of the skull. In passing the hand over the cast, the beginner detects the several prominences with the fingers, and thus easily fixes in his mind the place and connection of the whole group. Without some such guide, it would seem to require a prodigious amount of practice before the manipulating phrenologist could conduct an examination on the living subject with any degree of accuracy. In point of execution, the work is faultless. As most libraries are now

* Practical Surgery; with one hundred and twenty engravings on wood. By Robert Liston, Surgeon; with notes and additional illustrations, by George W. Norris, M.D., one of the Surgeons of the Pennsylvania Hospital. Philadelphia: J. Crissy. 8vo., p. 376.

ornamented with these sorts of specimens of science, and as it is also desirable to know something about how the land lays, it may be of importance to state that Mr. Fowler's improved casts, to be had at No. 135 Nassau street, New York, and also in Philadelphia and Boston, certainly have a superiority over all other plaster models.

Hospitals in London.—There are nine great hospitals in London, viz.: St. Bartholomew's, West Smithfield, founded by Henry VIII., 1539; St. Thomas's, by Edward VI., 1553; Guy's, at the entire charge of Thomas Guy, 1721; Westminster, 1719; St. George's 1733; London Hospital, 1746; Middlesex, 1746; University Hospital, Charing Cross, 1818. The minor hospitals are—the Seamen's Floating Hospital, which had 2731 cases in 1837—expenses annually 6335*l*. London Fever Hospital, erected in 1802, average annual number of patients 400; expenses from 1200 to 1400*l*. Smallpox and Vaccination Hospital, instituted 1746—expenses 900*l*. Lock Hospital (venereal cases only), erected 1770. St. Luke's Hospital for lunatics, 1751. Bethlehem Hospital for Lunatics, incorporated by Henry VIII., and cost 123,000*l*. St. Marylebone Parochial Infirmary, and St. Pancras Infirmary. Besides these, there are fifty-four dispensaries, completely organized, having every possible convenience for managing the sick, in door and out, with a full board of medical officers and surgeons. In these are embraced ophthalmic and lying-in charities, truss societies, the Royal Jennerian institution, and asylums for the medical care of the deaf and dumb. In St. George's and St. James's dispensaries, 700 obstetrical cases occurred in one year. The resident apothecary has a salary of 100*l*. per annum. At the Western General Dispensary, the expenditures in one year were 585*l*. At the Royal Universal Infirmary for children, erected in 1816, from January 1837 to 1836 were 2399 cases. At the London Midwifery Institution, instituted 1823, the number of deliveries, from 1828 to 1833, was 3644. Since that date no statistics have reached us. To manage the medical and surgical duties of these various institutions, all having express reference to the sick, rising of two hundred and twenty physicians and surgeons, assistants and apothecaries, are required.

Facts in Dietetics.—In connection with the facts respecting longevity, related by our correspondent Senex, in this day's Journal, we beg leave to record the following, which need no comment.

A lady died, in December last, in a neighboring town, aged 96. She had lived in the family of her third son (now 70 years old) for the last thirty-seven years, and her death was the first which has occurred in the family since the marriage of that son, 42 years ago, though they have brought up eight children, and have always had apprentices or hired men with them. All but two of these children have removed from the paternal house, five have families of their own, are in good health, and of *their* children (eleven in number) not one has died. In this family flesh meat has been used, generally three times a-day, during the time above mentioned, and the old lady first named seldom failed to partake of it freely, and was, indeed, so partial to it through life, that she was in the habit of making it the most important part of her meals. She was also, like all the rest of our good *old* ladies, warmly attached to the use of tea, in which she indulged twice, and frequently three times a-day. She likewise, till

within a few years, with the rest of the family, partook moderately of cider with dinner, and also at other times. She never smoked tobacco, but used snuff pretty freely.

Mechanism of Blushing.—The phenomenon of blushing is not the result of an *exciting*, nor, strictly speaking, of a depressing emotion—but it is a compound of both; in other words, it is the product of a *mixed* emotion of the mind. The internal faculty *excites* an indescribable sensation, which causes the face, the external field of action, to *droop* or assume the aspect of depression. Compare the flush of *rage* with that of *shame*, and the appearance of the features in both instances, which, perhaps, may demonstrate more clearly what I have asserted. The color is nearly the same in both cases; but, observe the striking difference in the countenance—the features of the one are strained to a point, whilst those of the other languish. In the former, the countenance, the “mirror of the soul,” reflects the *true* image of the internal excitement; whereas in the latter, the external image, if we were to reason from analogy, is *false*.—From Dr. Burgess's “*Physiology of Blushing*.”

Dessault's Treatment of Hospital Erysipelas.—As soon as ever Dessault perceived any trace of the development of erysipelas after wounds, operations, &c., he immediately administered to the patient one grain of tartar emetic in a large quantity of water. The unfavorable symptoms immediately diminished after the administration of the draught, and sometimes disappeared altogether, even when the only effect of the medicine was to increase the urine, and augment the cutaneous transpiration; were the symptoms more obstinate, he then gave the draught two or three times, or oftener; as the fever disappeared, and nothing remained but some unpleasant bitter taste in the mouth, he completed the cure with one or two purgatives. Dessault assures us that he never met with a case of hospital erysipelas (and there were many of them at the Hotel Dieu in his time) which resisted this method of treatment. He remarked that the disease was always most obstinate and severe in persons who had been bled several times.—*Gaz. Med.*

Exposure under Inoculation.—In the case of the *King v. Bennett*, reported in Maule and Selwyn, the defendant, an apothecary, was indicted for having inoculated for the smallpox, several infants, and, while they were dangerously ill of the said disease, unlawfully and injuriously causing them to be carried into the public streets and highways. The defendant was found *guilty*. Mr. Justice Le Blanc, in passing sentence, observed, that the introduction of vaccination did not render the practice of inoculation for the smallpox unlawful, but that in all times it was an indictable offence to expose persons infected with contagious disorders in a public place of resort. The defendant was sentenced to *six months'* imprisonment.

[We trust that this example will be followed in analogous cases. It is the duty of every humane and well-intentioned individual to give such information as may lead to the punishment of those who wilfully propagate smallpox.—ED. LANCET.]

Medical Formulæ.—A little work was published in London, last year, containing a collection of medical formulæ from the writings of the most eminent physicians, and edited by D. Spillan, M.D., Fellow of the King and Queen's College of Physicians in Ireland. We have received a copy, and propose introducing the formulæ into our pages, a few at a time, as we find room.

Mixtures. No 1.—R. Antimonii potassio-tartratis, gr. ij.; aquæ destillatæ, ʒij. M. Adhibeatur cochleare unum parvum subinde donec evomat æger.

No. 2.—R. Tincturæ scillæ, ʒij.; oxymellis, ʒiv.; aquæ destillatæ, ʒij. M. Sumat cochleare minimum subinde.

No. 3.—R. Mist. amoniaci, ʒij.; oxymel. scillæ, ʒiv. M. Sumat cochleare minimum subinde.

No. 4.—R. Infus. polygalæ, ʒiv.; syrup. ipecac., ʒi.; oxymel. scillæ, ʒij. M. Cochleare minimum subinde.

No. 5.—R. Mist. camphoræ, mist. amygd. dulc. aa ʒij.; liquor ammoniæ acetatis, ʒiss.; spir. ætheris nitrici, vini antim. potassio-tartratis, aa ʒiiss.; syrup. tolutani, ʒiss. M. Sumat cochlearia duo ampla secundis horis. In catarrh.

Medical Miscellany.—The monthly Part of our Journal for June 1, comprising the May weekly Nos., contained no less than twenty original communications, which were written for its pages by physicians residing in ten different States.—A woman lost her life in New York, last week, by taking oxalic acid, through mistake, for salts.—A committee of the Legislature of Connecticut have reported in favor of appropriating \$30,000 for an asylum to receive the insane poor of the State, supposed to be eight hundred in number.—Lectures on animal magnetism are absorbing the attention of all classes in England. Men of high professional rank are either exceedingly devoted to the progress of this imposition, as truth, or else they are mad.—A man recently died at Catskill, N. Y., from drinking, on a bet, five pints of clear spirit, chiefly whiskey, in thirty minutes.—Dr. Lyndon A. Smith and Dr. Lewis Conduit, of New Jersey, who were appointed commissioners to visit the various institutions in New England for the accommodation of the insane, and report to the next Legislature of that State, are now on a tour of observation. They were in Boston last week, and dined with the Massachusetts Medical Society.—A mechanic, of Amesbury, writes us that he is the inventor of the new tooth instrument referred to a few weeks ago, and presented by Dr. Gale.—Green's essay on diseases of the skin was distributed to the Fellows of the Medical Society, on Wednesday last.—There is some hope of the completion of Copland's Dictionary, in England—in which case, we shall probably have the work entire in this country.—The London Medical Gazette copies our weekly medical miscellany under the head of *gatherum*.—Dr. R. M. Huston has been appointed one of the physicians to the Blockley Hospital, Philadelphia.—We have seen nothing of Dr. Pancoast's work on the art of prolonging life. Then there is a work on dental surgery, by C. A. Harris, M.D., published in Baltimore, that would be sought were it to be had in Boston.—Those gentlemen composing the committee of the Massachusetts Medical Society, who are to meet at Worcester in July next upon business, will draw two dollars per day and the necessary travelling expenses.

TO CORRESPONDENTS.—Several communications on the tobacco question are on hand, and will be inserted in due time. The paper on "Charlatanism" is inadmissible in its present shape. The one on "Quackery," with considerable omissions, will be made use of hereafter.

DIED.—At Houston, Texas, Dr. Gideon I. Cowles, formerly of Plymouth, Con. —At Niagara Falls, by the falling of a large mass of rock, while he stood viewing the water, Dr. Hungerford, of Troy, N. Y.

Whole number of deaths in Boston for the week ending June 1, 31. Males, 13—females, 8. Of consumption, 3—smallpox, 1—scarlet fever, 7—lung fever, 1—burn, 1—paralysis, 1—disease of the spine, 1—infantile, 2—casualty, 1—croup, 1—dellirium tremens, 1—hooping cough, 1—stillborn, 1.

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GEORGE W. OTIS, JR.,
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Oct. 31—epir

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Feb. 25—2m

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THE
BOSTON MEDICAL AND SURGICAL
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VOL. XX.

WEDNESDAY, JUNE 12, 1839.

No. 18.

CLINICAL REMARKS AT ST. GEORGE'S HOSPITAL.

BY SIR B. C. BRODIE.

Anomalous Cases of Hysteria.—We have often drawn the attention of our readers to the medical and surgical treatment of these cases in the hospital. There are, at present, two of this description under the care of Sir B. Brodie.

The first of these is a young woman whose countenance presents no hysterical indication, or unusual nervous appearance. She was admitted with apparent disease of the right hip-joint. In Sir B. Brodie's absence, Mr. Cutler examined her carefully, but could make out no organic derangement of structure, and Sir B. Brodie did the same, with a similar result. The patient's tale is, that about six years since, she received a kick from a horse, which confined her to bed for nearly three weeks, during which time she was leeches and blistered over the affected part, after which the hip became purple, yellow, blue, and black; and since this period the pain has continued with little or no intermission; she is able to walk about in the ward, but cannot bear pressure over the great trochanter, or the slightest rotation of the joint. Her appetite is good and her tongue clean, but her rest at night is very much disturbed. Sir B. Brodie examined her, both verbally and manually, with all that tact and acuteness which he so well knows how to display in all these nervous cases, but he could not detect her "tripping" in the slightest degree. He observed that the variation in color over the hip-joint, on which the patient laid so much stress, was either a lie or a mistake, most probably the former; and that although there was no evident disease of structure, yet there existed a very deplorable state of nervous system, characterized by many of the symptoms which she had described. She had been taking steel medicines in various forms since her admission, without deriving much benefit from them. As her case exhibited many symptoms which might be true or not, Sir B. Brodie desired Mr. Chappell to institute a most rigorous and searching inquiry into her case, with the view of detecting the chaff from the wheat, and report proceedings to Sir Benjamin Brodie at his next visit. This was accordingly done, but the house-surgeon could make out nothing more than what has been already stated; she was, therefore, recommended to take a trip into the country, as her health began to suffer from confinement to bed, where she had been for some weeks. Some time since she again presented herself for admission as an in-patient, and under Sir Benjamin Brodie

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Of consumption, 2—smallpox, 1—scarlet fever, 7—lung fever, 1—burn, 1—paralysis, 1—disease of the spine, 1—infantile, 2—cavalry, 1—croup, 1—delirium tremens, 1—hooping cough, 1—stillborn, 2.

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